

1000er

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MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10567157

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3						
4				1		
5				1		
6				1		
7				1		
8				2		
9				1		
10				1		
11				1		
12				1		
13				1		
14				1		
15				1		
16				1		
17				1		
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43				1		
44				1		
45			1			
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.			6			
TOTAL DEP.			52			
TOTAL CLAIMS			58			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				1		
53			1			
54				1		
55				1		
56				1		
57				1		
58				1		
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91				1		
92				1		
93				1		
94				1		
95				1		
96				1		
97				1		
98				1		
99				1		
100				1		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						